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## APPLICANTS

Hans-Joseph Gerlach, Marsberg, GERMANY;

Martin Sippel, Melsungen, GERMANY;

\*\* CONTINUING DATA \*\*\*\*\*

N O I V E 4/4/05 NBS

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

GERMANY 202 09 581.9 06/20/2002

O I L 4/4/05 NBS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <u>4/4/05 NBS</u> Initials: _____	STATE OR COUNTRY GERMANY	SHEETS DRAWING 3	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
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## ADDRESS

John W. Montgomery  
 OSHA & MAY L.L.P.  
 1221 McKinney Street  
 Suite 2800  
 Houston, TX  
 77010

## TITLE

Syringe pump

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